

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09/928967

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	SMALL ENTITY TYPE <input type="checkbox"/>	OTHER TH. SMALL ENT
TOTAL CLAIMS				
FOR		NUMBER FILED	NUMBER EXTRA	RATE <input type="checkbox"/> FEE <input type="checkbox"/>
TOTAL CHARGEABLE CLAIMS		minus 20 =		BASIC FEE <input type="checkbox"/> 370.00 OR BASIC FEE <input type="checkbox"/> 74
INDEPENDENT CLAIMS		minus 3 =		X\$ 9= <input type="checkbox"/> OR X\$18= <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>	X42= <input type="checkbox"/> OR X84= <input type="checkbox"/>
				+140= <input type="checkbox"/> OR +280= <input type="checkbox"/>
				TOTAL <input type="checkbox"/> OR TOTAL <input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

9/28/01 CLAIMS AS AMENDED - PART II

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY TYPE <input type="checkbox"/>	OTHER TH. SMALL ENT
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL FEE <input type="checkbox"/>
Total	27	Minus	** 27	=	X\$ 9= <input type="checkbox"/> OR X\$18= <input type="checkbox"/>
Independent	6	Minus	** 6	=	X42= <input type="checkbox"/> OR X84= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140= <input type="checkbox"/> OR +280= <input type="checkbox"/>	TOTAL <input type="checkbox"/> OR ADDIT. FEE <input type="checkbox"/>

(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	28	Minus	** 27
Independent	6	Minus	** 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

(Column 1)		(Column 2)	(Column 3)	RATE <input type="checkbox"/> ADDI- TIONAL FEE <input type="checkbox"/>	RATE <input type="checkbox"/>
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	X\$ 9= <input type="checkbox"/> OR X42= <input type="checkbox"/>	X\$ 9= <input type="checkbox"/>
Total	28	Minus	** 27	X42= <input type="checkbox"/> OR +140= <input type="checkbox"/>	X\$ 9= <input type="checkbox"/>
Independent	6	Minus	** 6	+140= <input type="checkbox"/> OR +280= <input type="checkbox"/>	X\$ 9= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	TOTAL <input type="checkbox"/> ADDIT. FEE <input type="checkbox"/>	18

(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	25	Minus	** 28
Independent	6	Minus	** 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

(Column 1)		(Column 2)	(Column 3)	RATE <input type="checkbox"/> ADDI- TIONAL FEE <input type="checkbox"/>	RATE <input type="checkbox"/>
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	X\$ 9= <input type="checkbox"/> OR X42= <input type="checkbox"/>	X\$ 9= <input type="checkbox"/>
Total	25	Minus	** 28	X42= <input type="checkbox"/> OR +140= <input type="checkbox"/>	X\$ 9= <input type="checkbox"/>
Independent	6	Minus	** 6	+140= <input type="checkbox"/> OR +280= <input type="checkbox"/>	X\$ 9= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	TOTAL <input type="checkbox"/> ADDIT. FEE <input type="checkbox"/>	18

* If the entry in column 1 is less than the entry in column 2, write "0" in column 2.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM 1515-7 (REV. 10-01)

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